



## Before & After Care Registration Form 2010-2011

\*Please complete the following. **No student will be permitted in the Before/After Care Program without registering and paying all registration fees in advance.**

**There will be a one time *Registration Fee* of \$30.00 for one child, \$50.00 for families of two or more, to be paid by *cash, money orders or checks* made payable to Hollywood Academy of Arts and Science (HAAS).**

**Separate payment must be made for registration fee and monthly tuition.**

### 2010-2011 Program Fees

After Care:	\$ 160.00 monthly
Before Care:	\$ 50.00 monthly
Before/After Care:	\$ 200.00 monthly
Occasional Before Care:	\$ 5.00 daily
Occasional After Care:	\$ 15.00 daily

**10% discount on tuition fees for each additional sibling**

All payments are due as indicated on the attached payment schedule. All daily payments for students dropped off on a daily basis are due on day of service. Late fees will be applied to all unpaid balances.

Child(ren)'s Full Name: \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

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**For Office Use Only**

Date of Enrollment: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Form of Payment ( )cash ( )check ( )money order Receipt: # \_\_\_\_\_

Participation: Before School: \_\_\_\_\_ After School: \_\_\_\_\_ Other: \_\_\_\_\_

Date Entered Into System: \_\_\_\_\_ By: \_\_\_\_\_

# Before After Care Registration Information School Year 2010-2011

**Program Participation** (Please print clearly!)

## Student Information

**Student Name:** Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Grade Level \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

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Grade Level \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

**Student Name:** Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Grade Level \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

## Family Information

### *Primary Parent/Guardian*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Street Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Place of Work & Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

EMAIL (required) \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

### *Secondary Parent/Guardian*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Street Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Place of Work & Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

## Authorized Pick-Ups

Permission is given for my child to be released from the program to the following individual including the above stated parent/guardian to receive my child at the end of the day. Drivers License or valid photo ID required, students will not be dismissed to any one without proper ID.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Primary Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Primary Phone \_\_\_\_\_

***Emergency Contact – Must provide two additional names other than parents. List in order they are to be contacted. Note: Parents will be contacted first.***

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

I hereby acknowledge that I have completed this form to the best of my knowledge. I give my child permission to participate fully in the Hollywood Academy of Arts and Science Before/After Care School Program. I/We agree to comply with all the rules, regulations and policies as set forth in this packet. In addition I/We agree to the financial obligation and terms of payment for this program and understand that all unpaid balances will result in late fees, possible termination from program. I/We also understand any past due balances may be submitted to a collection agency and subsequent collection agency fees applied to the open balances.

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Photographs** – Pictures and photos are taken of activities from time to time for the purposes of art activities, Hollywood Academy web page, local newspaper or other publications. Any children pictured in these publications will not be identified by name. I am willing to allow my child to be photographed in the HAAS Before/After Care School Program:

Yes \_\_\_\_\_ No \_\_\_\_\_

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_